



1255 Imperial Avenue, Suite 1000
San Diego, CA 92101-7490
(619) 231-1466 • FAX (619) 234-3407

APPLICATION FOR REDUCED FARE Fare Picture ID (Short Form)

If you are applying for an MTS Reduced Fare ID Card with a statement of disability from a physician, **STOP** and go to the *Persons with Medical Disabilities - Application for Reduced Fare (Long Form)*. Otherwise, please fill out the application below. All questions must be answered completely before your application will be considered. **Please PRINT clearly.**

_____ Last Name	_____ First Name	_____ MI
_____ Street Address		_____ Apt. No.
_____ City	_____ State	_____ ZIP

Check the appropriate box:

1. ☐ **Senior**

Phone Number _____ E-mail Address: _____
Date of Birth _____ 60 or older? Yes ☐ No ☐

2. ☐ **Medicare Identification Card (Medi-Cal NOT eligible)**

3. ☐ **Supplemental Security Income (SSI) or Social Security Disability Income (SSD) Recipient**

4. ☐ **DMV Placard - proof of disabled placard or ID card issued by California Dept. of Motor Vehicles**

5. ☐ **Proof of MTS Access certification**

Check the appropriate box:

☐ **New card.** If you have not had an MTS Reduced Fare Card before, check this box. The cost is \$7.

☐ **Replacement card.** If your MTS Reduced Fare Card was lost, stolen, or expired, check this box. The cost of a replacement is \$7.

FOR OFFICE USE ONLY		
_____ Government or State-Issued ID Card	_____ Issue Date	_____ Staff Initials
Revocation: _____ Reason	_____ Revocation Date	_____ Staff Initials
Card ID No. _____	_____ Issue Date	_____ Expiration Date
Additional Notes: _____		

Applicant signature

I certify to the best of my knowledge that the information on this application is true and correct.

I understand that providing false or misleading information could result in my eligibility status being terminated.

I understand that I must be age 60 years or older or possess a Medicare Card or an SSI or SSD Card to be eligible for an MTS Reduced Fare Card.

I understand that I must provide this completed and signed application and the required state or government-issued photo ID that shows that I qualify for a reduced fare in person to be considered for an MTS Reduced Fare Card. I understand that there is a processing fee for the card.

I understand that the MTS Reduced Fare Card is not transferable to others.

I understand that MTS reserves the right to determine eligibility based on federal guidelines.

I understand that the MTS Reduced Fare Card is valid until the date printed on the card and that I must reapply at that time if I wish to continue my eligibility with the program.

I understand that I must tap my MTS Reduced Fare Card on the bus farebox card reader or trolley validator to be eligible for the reduced fare.

Signature

Date

Return Application

By hand to: The Transit Store
102 Broadway
San Diego, CA 92101

Hearing-Impaired Customers

TDD - Southern San Diego Co. 619.234.5005; Northern San Diego Co. 1.888.722.4889